

EFFECTIVE JULY 1, 2004

FINGERPRINT PROCESS – LIVE SCAN INSTRUCTIONS

Senate Bill 363 (Stats. 2003, chapter 874) requires all new applicants for Operator, Field Representative, and Applicator licenses to submit fingerprint identification and undergo a background investigation. This new requirement includes applicants who are upgrading a license and who have not previously submitted fingerprints or undergone a background investigation.

In order to expedite this process, the Structural Pest Control Board (Board) is using a fingerprinting system called "Live Scan." Live Scan is made possible through digitization of fingerprints, which enables electronic transfer of the fingerprint images to central site computers at Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). If you have not received a pre-printed Request for Live Scan Service form, check with your employer or contact the Board's Licensing Unit at 916-561-8704.

The Live Scan system requires the applicant to go to a Live Scan site and directly pay for fingerprint scanning services. Live Scan sites are situated throughout the State at various locations within each county. In most cases, local police or sheriffs departments can perform Live Scan services. The fee for Live Scan is \$56 plus a fingerprint rolling fee established by each individual location. This rolling fee can vary from \$5 to \$25 depending on the location. These fees are paid directly to the Live Scan site – not to the Board.

In order to locate a Live Scan site in your area, visit the Department of Justice (DOJ) web site at (<http://www.caag.state.ca.us/fingerprints/index.htm>), or check with your pest control employer who may have a current listing of Live Scan sites.

Follow these steps in order to complete the Live Scan process:

- Locate a Live Scan site in your area.
- Call and verify hours, fee, and ask if an appointment is necessary.
- Complete the Live Scan Service form. (Pre-printed triplicate forms are available from your pest control employer or by calling the Board at 916-561-8704.)
- Take the completed form to a Live Scan site.
- Pay the required fees directly to the site.
- Upon completion of the scanning process, the operator will give you parts 2 and 3 of the form.
- Send part 2 of the form to the Board.

The Board strongly encourages applicants to utilize the technology available through Live Scan. However, if for some reason you have difficulty getting an appointment for fingerprint scanning at a Live Scan site or there are no Live Scan sites reasonably close to you, contact the Licensing Unit at 916-561-8704 and make arrangements to have hard copy fingerprint cards sent to you.

If you have any questions, please contact the Licensing Unit at 916-561-8704.

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825

Telephone Numbers:

Examination/Licensing/Record Storage Unit (916) 561-8704

Fax (916) 263-2469

www.pestboard.ca.gov



**APPLICATION FOR
STRUCTURAL PEST CONTROL
APPLICATOR
EXAMINATION/LICENSE**

DO NOT WRITE IN THIS SPACE

Checked By _____

Effective Date _____

License No. _____

INSTRUCTIONS:

- Each question must be fully and truthfully answered.
- Attach sheets to this application wherever so directed or if additional space is needed.
- An incomplete application will be returned to the applicant.

PLEASE NOTE:

- Effective July 1, 2004, Senate Bill 363 requires an applicant to complete the Live Scan fingerprint/background process for the purpose of conducting criminal history record checks.

DATE OF BIRTH _____**DRIVERS LICENSE #** _____**PLEASE PRINT OR TYPE**

1. Name of Applicant		
(FIRST)	(MIDDLE)	(LAST)
2. Residence Address:		Telephone Number
(STREET)		Area Code ()
(CITY)	(STATE)	(ZIP)
3. Employed by:		
Employer's Address:		
(STREET)		
(CITY)	(STATE)	(ZIP)
4. Please indicate which address you wish to use for mailing purposes:		
<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
5. Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.		
SOCIAL SECURITY NUMBER: _____		FEIN NUMBER: _____

6.	Are you 18 years of age or older?	YES { }	NO { }
7.	Have you ever applied for the applicator examination? If YES, when? _____	YES { }	NO { }
8.	Are you presently licensed as a structural pest control applicator, field representative or operator in the State of California? If YES, state license number(s) _____	YES { }	NO { }
9.	Have you had a professional or vocational license denied, suspended, or revoked by this or any other state? If YES, explain _____ _____	YES { }	NO { }
10.	Have you ever been convicted of any violation of any provision of the Structural Pest Control Act? If YES, explain _____ _____	YES { }	NO { }
11.	Do you have any pending disciplinary action against you in regards to a structural pest control professional or vocational license? If YES, explain _____ _____	YES { }	NO { }
12.	Have you ever been convicted of a felony or of a misdemeanor other than a violation of traffic laws? If YES, explain _____	YES { }	NO { }

The information on this application is required pursuant to Section 8564.5 and 8564.6 inclusive of the Business and Professions Code and section 1936.2 of the California Code of Regulations. The information is maintained by the Structural Pest Control Board, 1418 Howe Avenue, Suite 18, Sacramento, CA 95825-3280; telephone 916/561-8704. All information requested in this application is mandatory, none is voluntary. Failure to provide any of the required information will result in the application being rejected as incomplete. The information you furnish will be used to determine whether you do or do not meet the requirements for which you are applying. It may be transferred to other law enforcement agencies. You have a right of access to records maintained by this agency which contain personal information about you.

CERTIFIED TRUE STATEMENT

I have read and understand the above and I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. I understand that falsifying information on this application may result in the denial of this application or the revocation of this license.

Signature of Applicant	Attach 2" x 2" photo here
Date	